

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 7/1/05

CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
<b>A4206</b>	N					<b>Syringe with needle; sterile 1cc, each</b>			
A4206		Y	N			Syringe with needle; sterile 1cc, each	\$0.22	60 PER MO.	
<b>A4207</b>	N					<b>Syringe with needle; sterile 2cc, each</b>			
A4207		Y	N			Syringe with needle; sterile 2cc, each	\$0.18	60 PER MO.	
<b>A4208</b>	N					<b>Syringe with needle; sterile 3cc, each</b>			
A4208		Y	N			Syringe with needle; sterile 3cc, each	\$0.17	60 PER MO.	
<b>A4209</b>	N					<b>Syringe with needle; sterile 5cc or greater, each</b>			
A4209		Y	N			Syringe with needle; sterile 5cc or greater, each	\$0.23	150 PER MO.	
<b>A4213</b>	N					<b>Syringe, sterile, 20cc or greater, each</b>			
A4213		Y	N			Syringe, sterile, 20cc or greater, each	\$0.62	70 PER MO.	
A4213	59	Y	N			Syringe, 50/60 cc	\$1.31	35 PER MO.	
<b>A4215</b>	N					<b>Needles only, sterile, any size, each</b>			
A4215		Y	N			Needles only, sterile, any size, each	\$0.08	200 PER MO.	
A4215	22	Y	N			Insulin pen needles	\$0.24	100 PER MO.	
A4215	59	Y	N			Huber needles	\$3.00	12 PER MO.	
<b>A4216</b>	N					<b>Sterile water/saline, 10 ml</b>			
A4216		Y	N			Sterile water/saline, 10 ml	\$0.12	100 PER MO.	
<b>A4217</b>	N					<b>Sterile water/saline, 500 ml</b>			
A4217		Y	N			Sterile water/saline, 500 ml	\$1.84	35 PER MO.	
<b>A4230</b>	N					<b>Infusion set for external insulin pump, non needle cannula type</b>			
A4230		N	N			Infusion set for external insulin pump, non needle cannula type	\$10.28	12 PER MO.	
A4230	22	N	N			IV Administration set with or without filter, specialty type	\$11.49	20 PER MO.	
<b>A4231</b>	N					<b>Infusion set for external insulin pump, needle type</b>			
A4231		N	N			Infusion set for external insulin pump, needle type	\$6.18	12 PER MO.	
A4231	22	N	N			IV Administration set with or without filter, standard type	\$6.42	20 PER MO.	
<b>A4232</b>	N					<b>Syringe with needle for external insulin pump, sterile 3cc</b>			
A4232		N	N			Syringe with needle for external insulin pump, sterile 3cc	\$3.22	12 PER MO.	
A4232	22	N	N			IV Catheter or Butterfly	\$3.31	20 PER MO.	
<b>A4244</b>	N					<b>Alcohol per pint</b>			
A4244		Y	Y			Alcohol per pint	\$1.43	3 PER MO.	
<b>A4250</b>	N					<b>Urine test or reagent strips or tablets (100 tablets or strips)</b>			
A4250		Y	N			Urine test or reagent strips or tablets (100 tablets or strips)	\$14.98	2 PER MO.	
<b>A4253</b>	Y					<b>Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics</b>			
A4253	KS	Y	N			Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics	\$36.33	4 PER 3 MO.	
A4253	KX	Y	N			Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE I Diabetics	\$36.33	3 PER MO.	
<b>A4254</b>	N					<b>Replacement battery any type, for use w/medically necessary home blood glucose monitor owned by patient, each</b>			

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A4254		Y	N		Replacement battery any type, for use w/medically necessary home blood glucose monitor owned by patient, each	\$3.06	4 PER MO	
A4256	N				<b>Normal, low and high calibrator solution/chips</b>			
A4256		Y	N		Normal, low and high calibrator solution/chips	\$11.44	1 PER MO.	
A4258	N				<b>Spring Powered Device for Lancet, each</b>			
A4258		Y	N		Spring Powered Device for Lancet, each	\$14.32	1 PER 6 MO.	
A4258	22	Y	N		Insulin pen	\$32.68	1 PER 3 MO.	
A4259	Y				<b>Lancets, per box of 100 TYPE II Diabetics</b>			
A4259	KS	Y	N		Lancets, per box of 100 TYPE II Diabetics	\$8.58	2 PER 3 MO.	
A4259	KX	Y	N		Lancets, per box of 100 TYPE I Diabetics	\$8.58	2 PER MO.	
A4280	N				<b>Adhesive skin support attachment for use with external breast prosthesis, each</b>			
A4280		N	N		Adhesive skin support attachment for use with external breast prosthesis, each	\$3.68	8 PER MO.	
A4310	N				<b>Insertion tray without drainage bag; and without catheter (accessories only)</b>			
A4310		Y	N		Insertion tray without drainage bag; and without catheter (accessories only)	\$4.87	3 PER MO.	
A4311	N				<b>Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic,etc.)</b>			
A4311		Y	N		Insertion tray without drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic,etc.)	\$11.37	3 PER MO.	
A4312	N				<b>Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone</b>			
A4312		Y	N		Insertion tray without drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$13.11	3 PER MO.	
A4313	N				<b>Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation</b>			
A4313		Y	N		Insertion tray without drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$14.10	3 PER MO.	
A4314	N				<b>Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)</b>			
A4314		Y	N		Insertion tray with drainage bag; with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc)	\$17.88	3 PER MO.	
A4315	N				<b>Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone</b>			
A4315		Y	N		Insertion tray with drainage bag; with indwelling catheter, foley type, two-way, all silicone	\$19.23	3 PER MO.	
A4316	N				<b>Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation</b>			
A4316		Y	N		Insertion tray with drainage bag; with indwelling catheter, foley type, three-way, for continuous irrigation	\$21.24	3 PER MO.	
A4320	N				<b>Irrigation tray with bulb or piston syringe, any purpose</b>			

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4320		Y	N			Irrigation tray with bulb or piston syringe, any purpose	\$2.32	35 PER MO.	
<b>A4322</b>	<b>N</b>					<b>Irrigation syringe, bulb or piston, each</b>			
A4322		Y	N			Irrigation syringe, bulb or piston, each	\$2.90	2 PER MO.	
<b>A4326</b>	<b>N</b>					<b>Male external catheter specialty type with integral collection chamber, each</b>			
A4326		Y	N			Male external catheter specialty type with integral collection chamber, each	\$9.36	2 PER MO.	
<b>A4327</b>	<b>N</b>					<b>Female external urinary collection device; meatal cup, each</b>			
A4327		Y	N			Female external urinary collection device; meatal cup, each	\$38.01	1 PER MO.	
<b>A4328</b>	<b>N</b>					<b>Female external urinary collection device; pouch, each</b>			
A4328		Y	N			Female external urinary collection device; pouch, each	\$8.98	12 PER MO.	
<b>A4331</b>	<b>N</b>					<b>Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each</b>			
A4331		N	N			Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	\$2.11	4 PER MO.	
<b>A4332</b>	<b>N</b>					<b>Lubricant, individual sterile packet, each</b>			
A4332		Y	N			Lubricant, individual sterile packet, each	\$0.07	144 PER MO.	
<b>A4333</b>	<b>N</b>					<b>Urinary catheter anchoring device, adhesive skin attachment, each</b>			
A4333		Y	N			Urinary catheter anchoring device, adhesive skin attachment, each	\$1.35	12 PER MO.	
<b>A4335</b>	<b>N</b>					<b>Incontinence supply; misc - Requires Prior Authorization</b>			
A4335		Y	N			Incontinence supply; misc - Requires Prior Authorization	\$0.00		
<b>A4338</b>	<b>N</b>					<b>Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)</b>			
A4338		Y	N			Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.)	\$7.81	3 PER MO.	
<b>A4340</b>	<b>N</b>					<b>Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)</b>			
A4340		Y	N			Indwelling catheter; specialty type, (e.g.; coude, mushroom, wing, etc.)	\$6.58	3 PER MO.	
<b>A4344</b>	<b>N</b>					<b>Indwelling catheter, foley type; two-way all silicone</b>			
A4344		Y	N			Indwelling catheter, foley type; two-way all silicone	\$9.45	3 PER MO.	
<b>A4346</b>	<b>N</b>					<b>Indwelling catheter, foley type; three-way for continuous irrigation</b>			
A4346		Y	N			Indwelling catheter, foley type; three-way for continuous irrigation	\$12.39	3 PER MO.	
<b>A4348</b>	<b>N</b>					<b>Male external catheter with integral collection compartment, extended wear, each (e.g.2 per mo.)</b>			
A4348		Y	N			Male external catheter with integral collection compartment, extended wear, each (e.g.2 per mo.)	\$8.88	2 PER MO.	
<b>A4349</b>	<b>N</b>					<b>Male external catheter, with or without adhesive, disposable, each</b>			
A4349		Y	N			Male external catheter, with or without adhesive, disposable, each	\$1.00	60 PER MO.	

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4351	N			<b>Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</b>			
A4351		Y	N	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$1.52	150 TOTAL PER MO. A4351 - A4353	
A4352	N			<b>Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each</b>			
A4352		Y	N	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic), each	\$3.05	150 TOTAL PER MO. A4351 - A4353	
A4353	N			<b>Intermittent urinary catheter, w/insertion supplies</b>			
A4353		Y	N	Intermittent urinary catheter, w/insertion supplies	\$4.58	150 TOTAL PER MO. A4351 - A4353	
A4354	N			<b>Insertion tray with drainage bag, but without catheter</b>			
A4354		Y	N	Insertion tray with drainage bag, but without catheter	\$8.19	3 PER MO.	
A4355	N			<b>Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter</b>			
A4355		Y	N	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	\$9.10	3 PER MO.	
A4356	N			<b>External urethral clamp or compression device (not to be used for catheter clamp), each</b>			
A4356		Y	N	External urethral clamp or compression device (not to be used for catheter clamp), each	\$35.71	1 PER 3 MO	
A4357	N			<b>Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each</b>			
A4357		Y	N	Bedside drainage bag, day or night with or without anti-reflux device, with or without tube, each	\$6.93	4 PER MO.	
A4358	N			<b>Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each</b>			
A4358		Y	N	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$6.33	4 PER MO.	
A4359	N			<b>Urinary suspensory without leg bag, each</b>			
A4359		Y	N	Urinary suspensory without leg bag, each	\$24.14	1 PER MO.	
A4361	N			<b>Ostomy face plate, each</b>			
A4361		N	N	Ostomy face plate, each	\$17.52	2 PER MO.	
A4362	N			<b>Skin barrier; solid, 4 x 4 or equivalent; each</b>			
A4362		N	N	Skin barrier; solid, 4 x 4 or equivalent; each	\$2.94	20 PER MO.	
A4364	N			<b>Adhesive; liquid or equal, any type, per oz.</b>			
A4364		N	N	Adhesive; liquid or equal, any type, per oz.	\$2.38	12 PER MO.	
A4365	N			<b>Adhesive remover wipes, any type, per 50 (Ostomy use only)</b>			
A4365		N	Y	Adhesive remover wipes, any type, per 50 (Ostomy use only)	\$9.11	1 PER MO.	
A4366	N			<b>Ostomy vent, any type, each</b>			
A4366		N	N	Ostomy vent, any type, each	\$0.91	20 PER MO.	
A4367	N			<b>Ostomy belt, each</b>			
A4367		N	N	Ostomy belt, each	\$7.49	2 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4369	N					<b>Ostomy skin barrier, liquid (spray, brush, etc), per oz</b>			
A4369		N	N			Ostomy skin barrier, liquid (spray, brush, etc), per oz	\$2.30	8 PER MO.	
A4371	N					<b>Ostomy skin barrier, powder, per oz</b>			
A4371		N	N			Ostomy skin barrier, powder, per oz	\$3.48	4 PER MO.	
A4372	N					<b>Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each</b>			
A4372		N	N			Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each	\$3.98	20 PER MO.	
A4373	N					<b>Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each</b>			
A4373		N	N			Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	\$5.61	20 PER MO.	
A4375	N					<b>Ostomy pouch, drainable, with faceplate attached, plastic, each</b>			
A4375		N	N			Ostomy pouch, drainable, with faceplate attached, plastic, each	\$13.10	2 TOTAL PER MO. A4375 - A4378	
A4376	N					<b>Ostomy pouch, drainable, with faceplate attached, rubber, each</b>			
A4376		N	N			Ostomy pouch, drainable, with faceplate attached, rubber, each	\$34.69	2 TOTAL PER MO. A4375 - A4378	
A4377	N					<b>Ostomy pouch, drainable, for use on faceplate, plastic,each</b>			
A4377		N	N			Ostomy pouch, drainable, for use on faceplate, plastic,each	\$4.09	2 TOTAL PER MO. A4375 - A4378	
A4378	N					<b>Ostomy pouch, drainable, for use on faceplate, rubber, each</b>			
A4378		N	N			Ostomy pouch, drainable, for use on faceplate, rubber, each	\$24.93	2 TOTAL PER MO. A4375 - A4378	
A4379	N					<b>Ostomy pouch, urinary, with faceplate attached, plastic, each</b>			
A4379		N	N			Ostomy pouch, urinary, with faceplate attached, plastic, each	\$11.85	2 TOTAL PER MO. A4379 - A4383	
A4380	N					<b>Ostomy pouch, urinary, with faceplate attached, rubber, each</b>			
A4380		N	N			Ostomy pouch, urinary, with faceplate attached, rubber, each	\$26.70	2 TOTAL PER MO. A4379 - A4383	
A4381	N					<b>Ostomy pouch, urinary, without faceplate attached, rubber, each</b>			
A4381		N	N			Ostomy pouch, urinary, without faceplate attached, rubber, each	\$4.40	2 TOTAL PER MO. A4379 - A4383	
A4382	N					<b>Ostomy pouch, urinary, for use on faceplate, heavy plastic, each</b>			
A4382		N	N			Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	\$11.98	2 TOTAL PER MO. A4379 - A4383	
A4383	N					<b>Ostomy pouch, urinary, for use on faceplate, rubber, each</b>			
A4383		N	N			Ostomy pouch, urinary, for use on faceplate, rubber, each	\$22.93	2 TOTAL PER MO. A4379 - A4383	
A4384	N					<b>Ostomy faceplate equivalent, silicone ring, each</b>			
A4384		N	N			Ostomy faceplate equivalent, silicone ring, each	\$5.61	6 PER MO.	
A4385	N					<b>Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each</b>			

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A4385		N	N	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	\$4.86	6 PER MO.	
A4387	N			<b>Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each</b>			
A4387		N	N	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	\$3.83	35 PER MO.	
A4388	N			<b>Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each</b>			
A4388		N	N	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	\$4.16	6 PER MO.	
A4389	N			<b>Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each</b>			
A4389		N	N	Ostomy pouch, drainable with barrier attached, with built-in convexity (1 piece), each	\$5.38	20 PER MO.	
A4390	N			<b>Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each</b>			
A4390		N	N	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.87	6 PER MO.	
A4391	N			<b>Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each</b>			
A4391		N	N	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	\$6.74	6 PER MO.	
A4392	N			<b>Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each</b>			
A4392		N	N	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	\$6.34	6 PER MO.	
A4393	N			<b>Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each</b>			
A4393		N	N	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	\$8.15	6 PER MO.	
A4394	N			<b>Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce</b>			
A4394		N	N	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	\$1.70	16 PER MO.	
A4395	N			<b>Ostomy deodorant for use in ostomy pouch, solid, per tablet</b>			
A4395		N	N	Ostomy deodorant for use in ostomy pouch, solid, per tablet	\$0.05	100 PER MO.	
A4397	N			<b>Irrigation supply; sleeve, each</b>			
A4397		N	N	Irrigation supply; sleeve, each	\$4.57	4 PER MO.	
A4398	N			<b>Ostomy irrigation supply; bag, each</b>			
A4398		N	N	Ostomy irrigation supply; bag, each	\$13.17	2 PER MO.	
A4399	N			<b>Ostomy irrigation supply; cone/catheter, including brush</b>			
A4399		N	N	Ostomy irrigation supply; cone/catheter, including brush	\$11.70	1 PER MO.	
A4402	N			<b>Lubricant per ounce</b>			
A4402		Y	Y	Lubricant per ounce	\$0.38	12 PER MO.	
A4404	N			<b>Ostomy ring, each</b>			

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A4404		N	N		Ostomy ring, each	\$1.93	20 PER MO.	
<b>A4405</b>	<b>N</b>				<b>Ostomy skin barrier, non-pectin based, paste, per ounce</b>			
A4405		N	N		Ostomy skin barrier, non-pectin based, paste, per ounce	\$3.27	8 OZ TOTAL PER MO. A4405 - A4406	
<b>A4406</b>	<b>N</b>				<b>Ostomy skin barrier, pectin-based, paste, per ounce</b>			
A4406		N	N		Ostomy skin barrier, pectin-based, paste, per ounce	\$3.27	8 OZ TOTAL PER MO. A4405 - A4406	
<b>A4407</b>	<b>N</b>				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each</b>			
A4407		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	\$7.09	6 TOTAL PER MO. A4407 - A4408	
<b>A4408</b>	<b>N</b>				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each</b>			
A4408		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	\$8.35	6 TOTAL PER MO. A4407 - A4408	
<b>A4409</b>	<b>N</b>				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each</b>			
A4409		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	\$6.22	6 TOTAL PER MO. A4409 - A4410	
<b>A4410</b>	<b>N</b>				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each</b>			
A4410		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	\$7.61	6 TOTAL PER MO. A4409 - A4410	
<b>A4414</b>	<b>N</b>				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each</b>			
A4414		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each	\$4.18	20 TOTAL PER MO. A4414 - A4415	
<b>A4415</b>	<b>N</b>				<b>Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each</b>			
A4415		N	N		Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each	\$4.77	20 TOTAL PER MO. A4414 - A4415	
<b>A4416</b>	<b>N</b>				<b>Ostomy pouch, closed, with barrier attached, with filter (1 piece), each</b>			
A4416		N	N		Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	\$1.94	35 PER MO.	
<b>A4417</b>	<b>N</b>				<b>Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each</b>			
A4417		N	N		Ostomy pouch closed, with barrier attached, with built-in convexity, with filter (1 piece), each	\$3.96	35 PER MO.	
<b>A4418</b>	<b>N</b>				<b>Ostomy pouch, closed; without barrier attached, with filter (1 piece), each</b>			
A4418		N	N		Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	\$1.44	35 PER MO.	

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4419	N			<b>Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each</b>			
A4419		N	N	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	\$1.62	35 PER MO.	
A4420	N			<b>Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each</b>			
A4420		N	N	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	\$1.68	35 PER MO.	
A4423	N			<b>Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each</b>			
A4423		N	N	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	\$1.65	35 PER MO.	
A4424	N			<b>Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each</b>			
A4424		N	N	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	\$2.80	20 PER MO.	
A4425	N			<b>Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each</b>			
A4425		N	N	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	\$2.26	20 PER MO.	
A4426	N			<b>Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each</b>			
A4426		N	N	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	\$2.32	20 PER MO.	
A4427	N			<b>Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each</b>			
A4427		N	N	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	\$2.35	20 PER MO.	
A4428	N			<b>Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each</b>			
A4428		N	N	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	\$6.51	6 PER MO.	
A4429	N			<b>Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each</b>			
A4429		N	N	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	\$6.73	6 PER MO.	
A4430	N			<b>Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each</b>			
A4430		N	N	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	\$7.07	6 PER MO.	
A4431	N			<b>Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each</b>			
A4431		N	N	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	\$6.22	6 PER MO.	
A4432	N			<b>Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each</b>			
A4432		N	N	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	\$3.59	6 PER MO.	

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4433	N			<b>Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each</b>			
A4433		N	N	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	\$3.59	6 PER MO.	
A4434	N			<b>Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each</b>			
A4434		N	N	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	\$3.76	6 PER MO.	
A4450	N			<b>Tape, non-waterproof, per 18 square inches</b>			
A4450		N	N	Tape, non-waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452	
A4452	N			<b>Tape, waterproof, per 18 square inches</b>			
A4452		N	N	Tape, waterproof, per 18 square inches	\$0.12	150 TOTAL PER MO. A4450 - A4452	
A4455	N			<b>Adhesive remover or solvent (for tape, cement or other adhesive) per ounce</b>			
A4455		N	Y	Adhesive remover or solvent (for tape, cement or other adhesive) per ounce	\$0.90	8 PER MO.	
A4458	N			<b>Enema bag with tubing, reusable</b>			
A4458		Y	N	Enema bag with tubing, reusable	\$2.13	15 TOTAL PER MO.	
A4462	N			<b>Abdominal dressing holder, each</b>			
A4462		Y	N	Abdominal dressing holder, each	\$14.07	1 PER 3 MO.	
A4465	N			<b>Non-elastic binder for extremity</b>			
A4465		Y	N	Non-elastic binder for extremity	\$13.49	2 PER MO.	
A4483	N			<b>Moisture exchanger,disposable, for use with invasive mechanical ventilation</b>			
A4483		Y	N	Moisture exchanger,disposable, for use with invasive mechanical ventilation	\$4.61	60 PER MO.	
A4550	N			<b>Surgical trays</b>			
A4550		Y	N	Surgical trays	\$7.18	12 PER MO.	
A4554	N			<b>Disposable underpads, all sizes</b>			
A4554		Y	Y	Disposable underpads, all sizes	\$0.35	200 PER MO.	
A4556	N			<b>Electrodes (e.g. Apnea monitor), per pair</b>			
A4556		Y	N	Electrodes (e.g. Apnea monitor), per pair	\$5.02	15 PER MO.	
A4557	N			<b>Lead wires, (e.g., apnea monitor) per pair</b>			
A4557		Y	N	Lead wires, (e.g., apnea monitor) per pair	\$16.37	2 PER 3 MO.	
A4558	N			<b>Conductive paste or gel</b>			
A4558		Y	N	Conductive paste or gel	\$5.57	1 PER MO.	
A4561	N			<b>Pessary, rubber, any type</b>			
A4561		N	N	Pessary, rubber, any type	\$15.11	1 PER 3 MO.	
A4562	N			<b>Pessary, non rubber, any type</b>			

Y = ALWAYS USE MODIFIER WITH THIS PROCEDURE CODE N = MODIFIER NOT REQUIRED  
CHANGE COLUMN - N = NEW, C= CHANGE

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4562		N	N		Pessary, non rubber, any type	\$16.91	1 PER 3 MO.	
<b>A4580</b>	N				<b>Cast supplies, (e.g. plaster) - Requires Prior Authorization</b>			
A4580		Y	N		Cast supplies, (e.g. plaster) - Requires Prior Authorization	\$0.00		
<b>A4595</b>	N				<b>Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)</b>			
A4595		Y	N		Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)	\$2.51	15 PER MO.	
<b>A4605</b>	N				<b>Tracheal suction catheter, closed system, each</b>			
A4605		Y	N		Tracheal suction catheter, closed system, each	\$14.30	35 PER MO.	
<b>A4606</b>	N				<b>Oxygen probe for use with oximeter device, replacement</b>			
A4606		Y	N		Oxygen probe for use with oximeter device, replacement	\$20.19	4 PER MO.	
<b>A4608</b>	N				<b>Transtracheal oxygen catheter, each</b>			
A4608		Y	N		Transtracheal oxygen catheter, each	\$58.15	2 PER 3 MO.	
<b>A4614</b>	N				<b>Peak expiratory flow rate meter, hand held</b>			
A4614		Y	N		Peak expiratory flow rate meter, hand held	\$17.61	1 PER 3 MO.	
<b>A4615</b>	N				<b>Cannula nasal</b>			
A4615		Y	N		Cannula nasal	\$2.54	6 PER MO.	
<b>A4616</b>	N				<b>Tubing, (oxygen), per foot</b>			
A4616		Y	N		Tubing, (oxygen), per foot	\$0.08	60 FEET PER MO.	
<b>A4617</b>	N				<b>Mouth piece</b>			
A4617		Y	N		Mouth piece	\$2.75	2 PER MO.	
<b>A4618</b>	N				<b>Breathing circuits</b>			
A4618		Y	N		Breathing circuits	\$7.72	15 PER MO.	
<b>A4619</b>	N				<b>Face tent</b>			
A4619		Y	N		Face tent	\$6.49	1 PER MO.	
<b>A4620</b>	N				<b>Variable concentration mask</b>			
A4620		Y	N		Variable concentration mask	\$2.46	4 PER MO.	
<b>A4623</b>	N				<b>Tracheostomy, inner cannula</b>			
A4623		Y	N		Tracheostomy, inner cannula	\$5.92	35 PER MO.	
<b>A4624</b>	N				<b>Tracheal suction catheter, any type, other than closed system, each</b>			
A4624		Y	N		Tracheal suction catheter, any type, other than closed system, each	\$1.15	300 PER MO.	
<b>A4625</b>	N				<b>Tracheostomy care kit for new tracheostomy</b>			
A4625		Y	N		Tracheostomy care kit for new tracheostomy	\$5.18	15 PER YEAR	
<b>A4626</b>	N				<b>Tracheostomy cleaning brush, each</b>			
A4626		Y	N		Tracheostomy cleaning brush, each	\$2.69	2 PER MO.	
A4626	22	Y	Y		Cotton balls per 100	\$2.65	3 PER MO.	C
A4626	59	Y	Y		Applicators	\$0.03	400 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A4627	N				Spacer, bag or reservoir, with or without mask, for use metered dose inhaler			
A4627		N	N		Spacer, bag or reservoir, with or without mask, for use metered dose inhaler	\$15.59	1 PER 3 MO.	
A4628	N				Oropharyngeal suction catheter, each			
A4628		Y	N		Oropharyngeal suction catheter, each	\$2.84	8 PER MO.	
A4629	N				Tracheostomy care kit for established tracheostomy			
A4629		Y	N		Tracheostomy care kit for established tracheostomy	\$3.97	100 PER MO.	
A4649	N				Surgical supply; misc - Requires Prior Authorization			
A4649		Y	N		Surgical supply; misc - Requires Prior Authorization	\$0.00		
A4860	N				Disposable catheter caps			
A4860		Y	N		Disposable catheter caps	\$0.58	4 PER MO.	
A4927	N				Gloves, non-sterile, per 100			
A4927		Y	Y		Gloves, non-sterile, per 100	\$7.50	2 PER MO.	
A4927	22	Y	N		Gloves, sterile per pair	\$0.50	90 PAIR PER MO.	
A5051	N				Ostomy pouch, closed; with barrier attached (1 piece), each			
A5051		N	N		Ostomy pouch, closed; with barrier attached (1 piece), each	\$1.81	35 TOTAL PER MO. A5051 - A5054	
A5052	N				Ostomy pouch, closed; without barrier attached (1 piece), each			
A5052		N	N		Ostomy pouch, closed; without barrier attached (1 piece), each	\$1.31	35 TOTAL PER MO. A5051 - A5054	
A5053	N				Ostomy pouch, closed; for use on faceplate, each			
A5053		N	N		Ostomy pouch, closed; for use on faceplate, each	\$1.41	35 TOTAL PER MO. A5051 - A5054	
A5054	N				Ostomy pouch, closed; for use on barrier with flange (2 piece), each			
A5054		N	N		Ostomy pouch, closed; for use on barrier with flange (2 piece), each	\$1.49	35 TOTAL PER MO. A5051 - A5054	
A5055	N				Stoma cap			
A5055		N	N		Stoma cap	\$1.78	4 PER MO.	
A5062	N				Ostomy pouch, drainable; without barrier attached (1 piece), each			
A5062		N	N		Ostomy pouch, drainable; without barrier attached (1 piece), each	\$2.12	20 TOTAL PER MO. A5062 - A5063	
A5062	22	N	N		Ostomy pouch, drainable with karaya based barrier attached, without built-in convexity, (1 piece), each	\$2.67	20 TOTAL PER MO. A5062 - A5063	
A5062	59	N	N		Ostomy pouch, drainable with standard wear barrier attached, without built-in convexity, (1 piece), each	\$2.67	20 TOTAL PER MO. A5062 - A5063	
A5063	N				Ostomy pouch, drainable; for use on barrier with flange (2 piece-system), each			
A5063		N	N		Ostomy pouch, drainable; for use on barrier with flange (2 piece-system), each	\$2.13	20 TOTAL PER MO. A5062 - A5063	
A5071	N				Ostomy pouch, urinary; with barrier attached (1 piece), each			

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A5071		N	N	Ostomy pouch, urinary; with barrier attached (1 piece), each	\$4.15	20 TOTAL PER MO. A5071 - A5073	
A5072	N			<b>Ostomy pouch, urinary; without barrier attached (1 piece), each</b>			
A5072		N	N	Ostomy pouch, urinary; without barrier attached (1 piece), each	\$3.43	20 TOTAL PER MO. A5071 - A5073	
A5073	N			<b>Ostomy pouch, urinary; for use on barrier with flange (2 piece), each</b>			
A5073		N	N	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	\$3.04	20 TOTAL PER MO. A5071 - A5073	
A5081	N			<b>Continent device; plug for continent stoma</b>			
A5081		Y	N	Continent device; plug for continent stoma	\$3.01	4 PER MO.	
A5082	N			<b>Continent device; catheter for continent stoma</b>			
A5082		Y	N	Continent device; catheter for continent stoma	\$10.59	1 PER MO.	
A5093	N			<b>Ostomy accessory; convex insert</b>			
A5093		N	N	Ostomy accessory; convex insert	\$1.79	10 PER MO.	
A5102	N			<b>Bedside drainage bottle with or w/o tubing, rigid or expandable, each</b>			
A5102		Y	N	Bedside drainage bottle with or w/o tubing, rigid or expandable, each	\$21.53	1 PER MO.	
A5105	N			<b>Urinary suspensory; with leg bag, with or without tube</b>			
A5105		Y	N	Urinary suspensory; with leg bag, with or without tube	\$38.88	1 PER MO.	
A5112	N			<b>Urinary leg bag; latex</b>			
A5112		Y	N	Urinary leg bag; latex	\$27.66	1 PER MO.	
A5113	N			<b>Leg strap; latex, replacement only, per set</b>			
A5113		Y	N	Leg strap; latex, replacement only, per set	\$0.77	2 PER MO.	
A5114	N			<b>Leg strap; foam or fabric, replacement only, per set</b>			
A5114		Y	N	Leg strap; foam or fabric, replacement only, per set	\$4.68	2 PER MO.	
A5119	N			<b>Skin barrier; wipes or swabs, per box 50</b>			
A5119		N	N	Skin barrier; wipes or swabs, per box 50	\$9.52	1 PER MO.	
A5121	N			<b>Skin barrier; solid, 6 x 6 or equivalent, each</b>			
A5121		N	N	Skin barrier; solid, 6 x 6 or equivalent, each	\$5.94	15 PER MO.	
A5122	N			<b>Skin barrier; solid, 8 x 8 or equivalent, each</b>			
A5122		N	N	Skin barrier; solid, 8 x 8 or equivalent, each	\$11.08	8 PER MO.	
A5126	N			<b>Adhesive, or non-adhesive; disk or foam pad</b>			
A5126		N	N	Adhesive, or non-adhesive; disk or foam pad	\$1.15	20 PER MO.	
A5131	N			<b>Appliance cleaner, incontinence and ostomy appliances, per 16 oz</b>			
A5131		N	N	Appliance cleaner, incontinence and ostomy appliances, per 16 oz	\$11.82	1 PER MO.	
A6010	N			<b>Collagen based wound filler, dry form, per gram of collagen</b>			
A6010		Y	N	Collagen based wound filler, dry form, per gram of collagen	\$4.26	35 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6196	N				Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing			
A6196		Y	N		Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	\$7.01	60 PER MO.	
A6197	N				Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing			
A6197		Y	N		Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	\$15.42	35 PER MO.	
A6198	N				Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing			
A6198		Y	N		Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	\$112.34	1 PER MO.	
A6199	N				Alginate or other fiber gelling dressing, wound filler, per 6 inches			
A6199		Y	N		Alginate or other fiber gelling dressing, wound filler, per 6 inches	\$4.38	35 PER MO.	
A6200	N				Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing			
A6200		Y	N		Composite dressing, pad size 16 sq.in. or less without adhesive border each dressing	\$1.59	35 PER MO.	
A6201	N				Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing			
A6201		Y	N		Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. without adhesive border each dressing	\$2.77	35 PER MO.	
A6202	N				Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing			
A6202		Y	N		Composite dressing, pad size more than 48 sq. in. without adhesive border, each dressing	\$4.06	35 PER MO.	
A6203	N				Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing			
A6203		Y	N		Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$1.59	35 PER MO.	
A6204	N				Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. with any size adhesive border, each dressing			
A6204		Y	N		Composite dressing, pad size more than 16 sq.in. but less than or equal to 48 sq.in. with any size adhesive border, each dressing	\$2.77	35 PER MO.	
A6205	N				Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing			
A6205		Y	N		Composite dressing, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$4.57	35 PER MO.	
A6206	N				Contact layer, 16 sq in., or less, each dressing			
A6206		Y	N		Contact layer, 16 sq in., or less, each dressing	\$0.97	35 PER MO.	
A6207	N				Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing			
A6207		Y	N		Contact layer, more than 16 sq.in. but less than or equal to 48 sq.in., each dressing	\$1.68	35 PER MO.	
A6208	N				Contact layer, more than 48 sq. in., each dressing			

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6208		Y	N	Contact layer, more than 48 sq. in., each dressing	\$3.41	35 PER MO.	
A6209	N			<b>Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing</b>			
A6209		Y	N	Foam dressing, wound cover pad size 16 sq. in., or less, without adhesive border, each dressing	\$5.33	35 PER MO.	
A6210	N			<b>Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6210		Y	N	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$10.36	35 PER MO.	
A6211	N			<b>Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6211		Y	N	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$25.99	12 PER MO.	
A6212	N			<b>Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing</b>			
A6212		Y	N	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.61	35 PER MO.	
A6213	N			<b>Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6213		Y	N	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$10.38	35 PER MO.	
A6214	N			<b>Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing</b>			
A6214		Y	N	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$9.82	12 PER MO.	
A6215	N			<b>Foam dressing, wound filler, per gram</b>			
A6215		Y	N	Foam dressing, wound filler, per gram	\$2.32	35 PER MO.	
A6216	N			<b>Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing</b>			
A6216		Y	N	Gauze, non-impregnated non-sterile, pad size 16 sq. in. or less without adhesive border, each dressing	\$0.07	400 PER MO.	
A6217	N			<b>Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6217		Y	N	Gauze, non-impregnated non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$0.35	400 PER MO.	
A6218	N			<b>Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6218		Y	N	Gauze, non-impregnated non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	\$0.59	200 PER MO.	
A6219	N			<b>Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing</b>			
A6219		Y	N	Gauze, non-impregnated, pad size 16 sq. in. or less with any size adhesive border, each dressing	\$0.27	200 PER MO.	

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Effective Date 7/1/05

CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6220	N					<b>Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6220		Y	N			Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$0.66	100 PER MO.	
A6221	N					<b>Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing</b>			
A6221		Y	N			Gauze, non-impregnated, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$1.09	60 PER MO.	
A6222	N					<b>Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6222		Y	N			Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	\$2.03	60 PER MO.	
A6223	N					<b>Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6223		Y	N			Gauze, impregnated with other than water, normal saline or hydrogel, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$2.30	60 PER MO.	
A6224	N					<b>Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6224		Y	N			Gauze, impregnated with other than water or normal saline or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	\$2.54	60 PER MO.	
A6228	N					<b>Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6228		Y	N			Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.58	60 PER MO.	
A6229	N					<b>Gauze, impregnated, water or normal saline, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6229		Y	N			Gauze, impregnated, water or normal saline, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.41	60 PER MO.	
A6230	N					<b>Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6230		Y	N			Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.00	60 PER MO.	
A6234	N					<b>Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6234		Y	N			Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.54	35 PER MO.	
A6235	N					<b>Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6235		Y	N			Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$10.64	12 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6236	N				Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing			
A6236		Y	N		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$19.55	12 PER MO.	
A6237	N				Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing			
A6237		Y	N		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$4.48	35 PER MO.	
A6238	N				Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing			
A6238		Y	N		Hydrocolloid dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$16.94	12 PER MO.	
A6239	N				Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing			
A6239		Y	N		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$18.23	12 PER MO.	
A6240	N				Hydrocolloid dressing, wound filler, paste, per fluid ounce			
A6240		Y	N		Hydrocolloid dressing, wound filler, paste, per fluid ounce	\$7.95	12 PER MO.	
A6241	N				Hydrocolloid dressing, wound filler, dry form, per gram			
A6241		Y	N		Hydrocolloid dressing, wound filler, dry form, per gram	\$1.50	12 PER MO.	
A6242	N				Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing			
A6242		Y	N		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$4.75	35 PER MO.	
A6243	N				Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing			
A6243		Y	N		Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$8.97	12 PER MO.	
A6244	N				Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing			
A6244		Y	N		Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$17.68	12 PER MO.	
A6245	N				Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing			
A6245		Y	N		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$6.49	35 PER MO.	
A6246	N				Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing			
A6246		Y	N		Hydrogel dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$9.46	12 PER MO.	
A6247	N				Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing			

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6247		Y	N			Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$21.22	12 PER MO.	
<b>A6248</b>	<b>N</b>					<b>Hydrogel dressing, wound filler, gel, per fluid ounce</b>			
A6248		Y	N			Hydrogel dressing, wound filler, gel, per fluid ounce	\$12.72	6 PER MO.	
<b>A6251</b>	<b>N</b>					<b>Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing</b>			
A6251		Y	N			Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	\$1.44	35 PER MO.	
<b>A6252</b>	<b>N</b>					<b>Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing</b>			
A6252		Y	N			Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$1.52	35 PER MO.	
<b>A6253</b>	<b>N</b>					<b>Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing</b>			
A6253		Y	N			Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	\$3.52	35 PER MO.	
<b>A6254</b>	<b>N</b>					<b>Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing</b>			
A6254		Y	N			Specialty absorptive dressing, wound cover, pad size 16 sq.in. or less, with any size adhesive border, each dressing	\$1.10	35 PER MO.	
<b>A6255</b>	<b>N</b>					<b>Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing</b>			
A6255		Y	N			Specialty absorptive dressing, wound cover, pad size more than 16 sq.in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$1.59	35 PER MO.	
<b>A6256</b>	<b>N</b>					<b>Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing</b>			
A6256		Y	N			Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing	\$2.11	35 PER MO.	
<b>A6257</b>	<b>N</b>					<b>Transparent film, 16 sq. in. or less, each dressing</b>			
A6257		Y	N			Transparent film, 16 sq. in. or less, each dressing	\$0.60	60 PER MO.	
<b>A6258</b>	<b>N</b>					<b>Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing</b>			
A6258		Y	N			Transparent film, more than 16 sq.in. but less than or equal to 48 sq.in. each dressing	\$2.78	35 PER MO.	
<b>A6259</b>	<b>N</b>					<b>Transparent film, more than 48 sq. in. each dressing</b>			
A6259		Y	N			Transparent film, more than 48 sq. in. each dressing	\$5.23	12 PER MO.	
<b>A6261</b>	<b>N</b>					<b>Wound filler, gel/paste, per fluid ounce, not elsewhere classified</b>			
A6261		Y	N			Wound filler, gel/paste, per fluid ounce, not elsewhere classified	\$0.19	35 PER MO.	
<b>A6262</b>	<b>N</b>					<b>Wound filler, dry form, per gram, not elsewhere classified</b>			
A6262		Y	N			Wound filler, dry form, per gram, not elsewhere classified	\$0.19	90 PER MO.	
<b>A6266</b>	<b>N</b>					<b>Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard</b>			

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CODE	MODIFIER	IN NH	IN HC	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
A6266		Y	N		Gauze, impregnated, other than water, normal saline or zinc paste, any width, per linear yard	\$1.27	35 PER MO.	
<b>A6402</b>	<b>N</b>				<b>Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing</b>			
A6402		Y	N		Gauze, non-impregnated, sterile, pad size 16 sq. in or less without adhesive border, each dressing	\$0.12	200 PER MO.	
A6402	59	Y	N		Pre cut gauze trach dressing	\$0.27	200 PER MO.	
<b>A6407</b>	<b>N</b>				<b>Packing strips, non-impregnated, up to 2 inches in width, per linear yard</b>			
A6407		Y	N		Packing strips, non-impregnated, up to 2 inches in width, per linear yard	\$1.32	35 PER MO.	
<b>A6442</b>	<b>N</b>				<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard</b>			
A6442		Y	N		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	\$0.15	150 PER MO.	
<b>A6443</b>	<b>N</b>				<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</b>			
A6443		Y	N		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	\$0.23	150 PER MO.	
<b>A6444</b>	<b>N</b>				<b>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard</b>			
A6444		Y	N		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	\$0.25	150 PER MO.	
<b>A6448</b>	<b>N</b>				<b>Light compression bandage, elastic, knitted/woven, width less than three inches, per yard</b>			
A6448		Y	N		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	\$0.48	20 PER MO.	
<b>A6449</b>	<b>N</b>				<b>Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>			
A6449		Y	N		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$0.60	20 PER MO.	
<b>A6450</b>	<b>N</b>				<b>Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard</b>			
A6450		Y	N		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	\$0.71	20 PER MO.	
<b>A6456</b>	<b>N</b>				<b>Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>			
A6456		Y	N		Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	\$1.27	35 PER MO.	
<b>A7000</b>	<b>N</b>				<b>Canister, disposable, used with suction pump, each</b>			
A7000		Y	N		Canister, disposable, used with suction pump, each	\$6.39	2 PER MO.	
<b>A7001</b>	<b>N</b>				<b>Canister, non-disposable, used with suction pump, each</b>			
A7001		Y	N		Canister, non-disposable, used with suction pump, each	\$21.30	1 PER 3 MO.	

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
<b>A7002</b>	N			<b>Tubing, used with suction pump, each</b>			
A7002		Y	N	Tubing, used with suction pump, each	\$3.28	6 PER MO.	
<b>A7003</b>	N			<b>Administration set, with small volume non-filtered pneumatic nebulizer, disposable</b>			
A7003		Y	N	Administration set, with small volume non-filtered pneumatic nebulizer, disposable	\$2.05	35 PER MO.	
<b>A7004</b>	N			<b>Small volume nonfiltered pneumatic nebulizer, disposable</b>			
A7004		Y	N	Small volume nonfiltered pneumatic nebulizer, disposable	\$1.57	35 PER MO.	
A7004	22	N	N	Saline solution, for use with inhalation drugs, per 10 ml, metered dose dispenser	\$0.36	200 PER MO.	
<b>A7005</b>	N			<b>Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable</b>			
A7005		Y	N	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	\$22.05	2 PER 3 MO.	
<b>A7006</b>	N			<b>Administration set, with small volume filtered pneumatic nebulizer</b>			
A7006		Y	N	Administration set, with small volume filtered pneumatic nebulizer	\$9.10	1 PER MO.	
<b>A7007</b>	N			<b>Large volume nebulizer, disposable, unfilled, used with aerosol compressor</b>			
A7007		Y	N	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	\$3.36	6 PER MO.	
A7007	22	Y	N	Sterile water or sterile saline, 1000 ml used with large volume nebulizer	\$3.49	35 PER MO.	
<b>A7008</b>	N			<b>Large volume nebulizer, disposable, prefilled, used with aerosol compressor</b>			
A7008		Y	N	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	\$4.18	6 PER MO.	
A7008	22	Y	N	Sterile water, heated humidifier use 1650 - 2000 cc	\$6.85	35 PER MO.	
A7008	59	Y	N	Sterile water, autotest/heated humidifier use 1650 - 2000 cc	\$10.48	10 PER MO.	
<b>A7009</b>	N			<b>Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer</b>			
A7009		Y	N	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	\$30.07	2 PER 3 MO.	
<b>A7010</b>	N			<b>Corrugated tubing, disposable, used with large volume nebulizer 100 feet.</b>			
A7010		Y	N	Corrugated tubing, disposable, used with large volume nebulizer 100 feet.	\$15.77	2 PER MO.	
<b>A7011</b>	N			<b>Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet</b>			
A7011		Y	N	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	\$10.12	1 PER MO.	
<b>A7012</b>	N			<b>Water collection device, used with large volume nebulizer</b>			
A7012		Y	N	Water collection device, used with large volume nebulizer	\$2.77	20 PER MO.	
<b>A7013</b>	N			<b>Filter, disposable, used with aerosol compressor</b>			
A7013		Y	N	Filter, disposable, used with aerosol compressor	\$0.71	8 PER MO.	
A7013	59	Y	N	Ventilator bacteria filter	\$2.43	4 PER MO.	

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CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
<b>A7014</b>	<b>N</b>			<b>Filter, non-disposable, used with aerosol compressor or ultrasonic generator</b>			
A7014		Y	N	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	\$3.26	1 PER MO.	
<b>A7015</b>	<b>N</b>			<b>Aerosol mask, used with DME nebulizer</b>			
A7015		Y	N	Aerosol mask, used with DME nebulizer	\$1.47	4 PER MO.	
<b>A7016</b>	<b>N</b>			<b>Dome and mouthpiece, used with small volume ultrasonic nebulizer</b>			
A7016		Y	N	Dome and mouthpiece, used with small volume ultrasonic nebulizer	\$4.66	4 PER MO.	
<b>A7018</b>	<b>N</b>			<b>Water, distilled, used with large volume nebulizer, 1000ml.</b>			
A7018		Y	N	Water, distilled, used with large volume nebulizer, 1000ml.	\$3.29	12 PER MO.	
A7018	22	Y	N	Sterile water irrigation solution, 1000 ml	\$3.49	35 PER MO.	
A7018	59	Y	N	Sterile saline irrigation solution, 1000 ml	\$4.50	35 PER MO.	
<b>A7030</b>	<b>N</b>			<b>Full face mask used with positive airway pressure device, each</b>			
A7030		Y	N	Full face mask used with positive airway pressure device, each	\$160.34	1 PER 3 MO.	
<b>A7031</b>	<b>N</b>			<b>Face mask interface, replacement for full face mask, each</b>			
A7031		Y	N	Face mask interface, replacement for full face mask, each	\$59.30	1 PER 3 MO.	
<b>A7032</b>	<b>N</b>			<b>Replacement cushion for nasal application device, each</b>			
A7032		Y	N	Replacement cushion for nasal application device, each	\$21.61	1 TOTAL PER 3 MO. A7032 - A7033	
<b>A7033</b>	<b>N</b>			<b>Replacement pillows for nasal application device, pair</b>			
A7033		Y	N	Replacement pillows for nasal application device, pair	\$21.61	1 TOTAL PER 3 MO. A7032 - A7033	
<b>A7034</b>	<b>N</b>			<b>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</b>			
A7034		Y	N	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$99.99	1 PER 3 MO.	
<b>A7035</b>	<b>N</b>			<b>Headgear, used with positive airway pressure device</b>			
A7035		Y	N	Headgear, used with positive airway pressure device	\$34.90	1 PER 3 MO.	
<b>A7036</b>	<b>N</b>			<b>Chin strap used with positive airway pressure device</b>			
A7036		Y	N	Chin strap used with positive airway pressure device	\$13.61	1 PER 3 MO.	
<b>A7037</b>	<b>N</b>			<b>Tubing used with positive airway pressure device</b>			
A7037		Y	N	Tubing used with positive airway pressure device	\$32.81	2 PER 3 MO.	
<b>A7038</b>	<b>N</b>			<b>Filter, disposable, used with positive airway pressure device</b>			
A7038		Y	N	Filter, disposable, used with positive airway pressure device	\$4.01	2 PER MO.	
<b>A7039</b>	<b>N</b>			<b>Filter, non-disposable, used with positive airway pressure device</b>			
A7039		Y	N	Filter, non-disposable, used with positive airway pressure device	\$9.48	1 PER 3 MO.	
<b>A7046</b>	<b>N</b>			<b>Water chamber for humidifier, used with positive airway pressure device, replacement, each</b>			
A7046		Y	N	Water chamber for humidifier, used with positive airway pressure device, replacement, each	\$11.25	4 PER MO.	

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CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
<b>A7520</b>	N					<b>Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each</b>			
A7520		Y	N			Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.16	1 TOTAL PER MO. A7520 - A7521	
<b>A7521</b>	N					<b>Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each</b>			
A7521		Y	N			Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	\$60.16	1 TOTAL PER MO. A7520 - A7521	
<b>A7522</b>	N					<b>Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each</b>			
A7522		Y	N			Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	\$60.16	1 PER 3 MO.	
<b>A7523</b>	N					<b>Tracheostomy shower protector, each</b>			
A7523		Y	N			Tracheostomy shower protector, each	\$5.81	1 PER MO.	
<b>A7524</b>	N					<b>Tracheostoma stent/stud/button, each</b>			
A7524		Y	N			Tracheostoma stent/stud/button, each	\$6.23	4 PER MO.	
<b>A7525</b>	N					<b>Tracheostomy mask, each</b>			
A7525		Y	N			Tracheostomy mask, each	\$1.40	20 PER MO.	
<b>A7526</b>	N					<b>Tracheostomy tube collar/holder, each</b>			
A7526		Y	N			Tracheostomy tube collar/holder, each	\$3.06	35 PER MO.	
<b>B4035</b>	N					<b>Enteral feeding supply kit; pump fed, per day</b>			
B4035		Y	N			Enteral feeding supply kit; pump fed, per day	\$6.12	35 TOTAL PER MO. B4035 - B4036	
<b>B4036</b>	N					<b>Enteral feeding supply kit; gravity fed, per day</b>			
B4036		Y	N			Enteral feeding supply kit; gravity fed, per day	\$5.02	35 TOTAL PER MO. B4035 - B4036	
<b>B4081</b>	N					<b>Nasogastric tubing with stylet</b>			
B4081		Y	N			Nasogastric tubing with stylet	\$11.61	10 PER MO.	
<b>B4082</b>	N					<b>Nasogastric tubing without stylet</b>			
B4082		Y	N			Nasogastric tubing without stylet	\$11.35	10 PER MO.	
<b>B4083</b>	N					<b>Stomach tube-levine type</b>			
B4083		Y	N			Stomach tube-levine type	\$2.43	4 PER MO.	
<b>B4086</b>	N					<b>Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each</b>			
B4086		Y	N			Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each	\$37.26	2 PER MO.	
B4086	22	Y	N			Feeding tube extension set	\$10.16	10 PER MO.	
B4086	59	Y	N			Skin level gastrostomy feeding tube kit (Requires Prior Authorization)	\$124.65	7 PER YR.	
<b>K0731</b>	N					<b>Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each</b>			
K0731		N	N			Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	\$1.02	12 TOTAL PER MO. K0731 - K0732	N

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 7/1/05

CODE	MODIFIER	IN NH RATE	IN HC RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
<b>K0732</b>	<b>N</b>			<b>Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each</b>			
K0732		N	N	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	\$1.02	12 TOTAL PER MO. K0731 - K0732	N
<b>S1015</b>	<b>N</b>			<b>IV tubing extension set</b>			
S1015		N	N	IV tubing extension set	\$3.33	20 PER MO.	
<b>S8101</b>	<b>N</b>			<b>Holding chamber or spacer for use with an inhaler or nebulizer; with mask</b>			
S8101		N	N	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	\$29.00	1 PER 3 MO.	
<b>S8185</b>	<b>N</b>			<b>Flutter device</b>			
S8185		Y	N	Flutter device	\$42.48	1 PER 6 MO.	
<b>S8186</b>	<b>N</b>			<b>Swivel adaptor</b>			
S8186		Y	N	Swivel adaptor	\$1.97	20 PER MO.	
<b>S8490</b>	<b>N</b>			<b>Insulin syringes (100 syringes, any size)</b>			
S8490		Y	N	Insulin syringes (100 syringes, any size)	\$0.22	200 PER MO.	
<b>T1999</b>	<b>Y</b>			<b>Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in "Remarks." (Requires PA)</b>			
T1999		N	N	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified. Identify product in "Remarks." (Requires PA)	\$0.00		
T1999	22	Y	N	IV Infusor device	\$11.23	35 PER MO.	
T1999	59	N	N	IV Needleless injection site	\$1.86	70 PER MO.	
T1999	U1	N	N	Biohazard disposable container, needle and syringe-1 gallon/medium	\$4.46	1 PER MO.	
T1999	U2	N	N	Biohazard disposable container, needle and syringe-2 gallon/large	\$6.49	1 PER MO.	
T1999	U3	N	N	IV Injection cap/site	\$1.89	20 PER MO.	
T1999	U4	N	N	IV Administration reservoir bag with or without tube	\$10.25	20 PER MO.	
T1999	U5	N	N	IV Administration cassette or reservoir	\$18.67	20 PER MO.	
T1999	U6	N	N	IV connector/cap, male/female, luer/luerlock	\$0.43	70 PER MO.	
T1999	U7	N	N	IV vial adapter	\$2.19	90 PER MO.	
T1999	U8	N	N	Needle filter 1 1/2"	\$0.54	12 PER MO.	
T1999	U9	N	N	IV Cannula	\$0.49	200 PER MO.	
T1999	UA	N	N	IV Catheter PICC/Midline	\$47.58	2 PER MO.	
T1999	UB	N	N	IV Connector	\$0.87	70 PER MO.	
T1999	UC	N	N	IV Dispensing Pin	\$2.09	20 PER MO.	
T1999	UD	N	N	IV Filter	\$1.79	12 PER MO.	
<b>T4521</b>	<b>N</b>			<b>Adult sized disposable incontinence product, brief/diaper, small, each</b>			
T4521		Y	N	Adult sized disposable incontinence product, brief/diaper, small, each	\$0.51	300 TOTAL PER MO. T4521 - T4532	
<b>T4522</b>	<b>N</b>			<b>Adult sized disposable incontinence product, brief/diaper, medium, each</b>			
T4522		Y	N	Adult sized disposable incontinence product, brief/diaper, medium, each	\$0.55	300 TOTAL PER MO. T4521 - T4532	
<b>T4523</b>	<b>N</b>			<b>Adult sized disposable incontinence product, brief/diaper, large, each</b>			

# WISCONSIN MEDICAID INDEX OF DISPOSABLE MEDICAL SUPPLIES (DMS)

Effective Date 7/1/05

CODE	MODIFIER	IN NH	IN HC	RATE	RATE	DESCRIPTION	MAX FEE	MAX QTY/MO	CHANGE
T4523		Y	N			Adult sized disposable incontinence product, brief/diaper, large, each	\$0.72	300 TOTAL PER MO. T4521 - T4532	
<b>T4529</b>	<b>N</b>					<b>Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each</b>			
T4529		Y	N			Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	\$0.50	300 TOTAL PER MO. T4521 - T4532	
T4529	22	Y	N			Disposable diaper liners, each	\$0.04	300 TOTAL PER MO. T4521 - T4532	
<b>T4531</b>	<b>N</b>					<b>Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each</b>			
T4531		Y	N			Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	\$0.50	300 TOTAL PER MO. T4521 - T4532	
<b>T4532</b>	<b>N</b>					<b>Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each</b>			
T4532		Y	N			Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	\$0.53	300 TOTAL PER MO. T4521 - T4532	
<b>T4536</b>	<b>N</b>					<b>Incontinence product, protective underwear/pull-on, reusable, any size, each</b>			
T4536		Y	N			Incontinence product, protective underwear/pull-on, reusable, any size, each	\$9.45	2 PER MO.	
<b>V5266</b>	<b>N</b>					<b>Battery for use in hearing device</b>			
V5266		N	N			Battery for use in hearing device	\$1.02	12 PER MO.	